Theo Ex	
, f).	Ti.
¥ 1444 1.5	
1,61104	###
3 14 644	
141111	11.77
វម្មការ	4
31451	111111
¥5	
314462	### ### ###
Harrer J.	F
\$ # \$ £ 6.2 ¢	=======================================
3550000	Hin
harfi	1001 1001 1001 1001 1001 1001
e di di ce	#

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	COMPLETE IF KNOWN				
	First Named Inventor	Koeper, John Ivan			
	Attorney Docket Number	CRN 298 PA	_		
Under the Paperwork Reduction Act of 1995, no persons a valid OMB control number.	Patent and Trademark Office: U.S. DE	ough 9/30/00. OMB 0651-0032 EPARTMENT OF COMMERCE funformation unless it contains			
Please type a plus sign (+) inside this box \longrightarrow $+$		PTO/SB/01 (12-97)	_		

(37 CFR 1.63) ☑ Declaration ☐ Declaration OR Submitted with Initial Filing

Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CKN 230 I A					
First Named Inventor	Koeper, John Ivan					
COMPLETE IF KNOWN						
Application Number						
Filing Date						
Group Art Unit						
Examiner Name						

As a below named invento	r. I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name.							
•							
I believe I am the original, fir names are listed below) of the	st and sole inventor (if only ne subject matter which is o	one name is listed below) laimed and for which a pat	or an original, fir ent is sought on	st and joint inventor (if plural the invention entitled			
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COAST CONTROL FOR WALKIE/RIDER PALLET TRUCK							
the specification of which	(Tıtle	of the Invention)					
Is attached hereto	,	,					
OR was filed on (MM/DD)	~~~~ <u> </u>	as United	d States Applicat	ion Number or PCT International			
was med on (www.bb.							
Application Number		as amended on (MM/DD/Y)		(ıf applicable).			
I hereby state that I have rev amended by any amendmen	iewed and understand the d	contents of the above ident ove.	ified specification	n, including the claims, as			
I acknowledge the duty to dis			defined in 37 CF	R 1.56.			
acknowledge the duty to dis	sciose information whose to	natorial to paternating de					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO			
Additional foreign applicat	ion numbers are listed on a	supplemental priority data	sheet PTO/SB/0	22B attached hereto			
Additional foreign applicat I hereby claim the benefit un Application Number(s	nder 35 U.S.C. 119(e) of an	supplemental priority data y United States provisional e (MM/DD/YYYY)	sheet PTO/SB/0	02B attached hereto			

[Page 1 of 2]
Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	PTO/SB/01 (12-97)
Please type a plus sign (+) inside this box 🔫 🕒	Approved for use through 9/30/00. OMB 0651-0032
Tiodoo gpo a pias eigit (/ metat mis at	Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
the death a Department Deduction Act of 1005	no parsons are required to respond to a collection of information unless it contains

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

United States of Amer United States or PCT I information which is m	efit under 35 U.S.C. 120 orica, listed below and, instituted below and, instituted international application in the real to patentability as Tinternational filing date of	ofar as the subj the manner prov defined in 37 Cl	ect matter o vided by the FR 1.56 whi	or each or the first paragrap	ciaims of this oh of 35 U.S.C.	s application is . 112, Lacknov	riot disclosed vledge the duty	to disclose	
U.S. Parent Application or PCT Parent Number				Parent Fil (MM/DD/	- 1		Parent Patent Number (if applicable)		
Additional U.S. or	r PCT international applica	tion numbers are	e listed on a	supplemental	priority data s	sheet PTO/SB/	02B attached h	ereto.	
	hereby appoint the follow	ing registered pro Customer Numl <i>OR</i>	actitioner(s) ber	to prosecute t	this application	and to transa		in the Paten omer Code	
1	me	Registered prac Regist Num	ration	ame/registfati	on number list Name		Regis	stration mber	
Na		1741							
Additional register	red practitioner(s) named o	on supplemental	Registered	Practitioner In	formation she	et PTO/SB/020	C attached here	eto.	
Direct all correspon		ner Number Code Label	00	1009	OR	Corresp	ondence add	ress below	
Name									
Address									
Address									
City				State		ZIP			
Country		Telephor		<u>"</u>		Fax		····	
hallowed to be true; a	all statements made here and further that these state imprisonment, or both, u ent issued thereon.	tements were m	nade with the	e knowledge i	that willful fals	se statements	and the like s	so made are	
Name of Sole or	First Inventor:			☐ A petitio	n has been	filed for this u	unsigned inve	entor	
Given N	ame (first and middle [if any])		Family Name or Surname					
John Ivan				Koeper					
Inventor's Signature	John Tva	~ Koes	len				Date	5/15/01	
Residence: City	New Bre	emen State	ОН	Country	US		Citizenship	US	
Post Office Address	703 N. Main St.								
Post Office Address	s								
City	New Bremen state	ОН	ZIP	45869		Country	US		
Additional inven	ntors are being named	on thesu	pplementa	l Additional	Inventor(s) s	heet(s) PTO	/SB/02A atta	ched heret	

Please type a plus sign (+) inside this box ->	+
--	---

valid OMB control number.

sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	onal Joint Inventor, if any:									
Given Nar	ne (first and middle [if any]) Family Name or Surname									
Daniel Carl	Magoto									
Inventor's Signature	Daniel Magoto 05-15-01 Date									
Residence: City	Russia	State	ОН		Country	US		Citizensi		JS
Post Office Address	4242 Miller Road									
Post Office Address		,		_				<u>.</u>		
City	Russia	State	ОН		ZIP 4	15363	Country	US		
Name of Addition	al Joint Inventor, if an	y:			A petitic	on has been file	d for this	unsign	ed inv	entor
Given Na	me (first and middle [if any])				Family Nar	ne or Su	ırname		
Allen Thomas				Tı	rego					
inventor's Signature	Allen 1.	1	re	00)			15 H		
Residence: City	New Bremen	State	ОН	Country US Citiz			Citizer	ship	US	
Post Office Address	63 Rummel Creek D	rive			····	,				
Post Office Address							•			
City	New Bremen	State	ОН	H ZIP 45869 Country US						
Name of Addition	nal Joint Inventor, if an	у:			A petitio	on has been file	d for this	s unsigr	ied inv	entor
Given Na	me (first and middle [if any])				Family Nar	ne or Si	urname		
James Francis	1			Schl	oemer					
Inventor's Signature	Jans F. Schloener							15 May 0 j Date		
Residence: City	New Bremen	State	ОН		Country	US		Citize	Citizenship US	
Post Office Address	9742 County Road 60	6A					· · · · · · · · · · · · · · · · · · ·			
Post Office Address					· * ·		,			
City	New Bremen State OH ZIP 45869 Country US									

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.